



**INITIAL INSTRUCTION SHEET FOR
WILLS & ENDURING POWERS OF ATTORNEY**

1.	What is your full name?	
2.	Address.	
3.	Occupation.	
4.	Phone number - Home	
	- Work	
5.	Date of Birth.	
6.	Marital Status. - Date of Marriage.	
	- If single, do you want this Will to be made in contemplation of marriage?	Yes/No
7.	Wife's / Husband's full name.	
8.	Wife's / Husband's date of birth.	
9.	Have you even been married before?	Yes/No
10.	If yes, brief details of previous marriage.	
11.	<u>CHILDREN</u> List names;	
	Addresses;	
	Gender; and	
	Ages (dates of birth).	
12.	Are they children of your present marriage?	Yes/No
13.	Do you have any other children?	
	By previous marriage?	
	Ex-nuptial?	
	Adopted or fostered?	

14.	Have you ever made a Will before? If yes, please provide us with a copy thereof when you attend on us for your appointment	
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15. ASSETS

Please complete the following table.

Significant Assets eg family home, share portfolio	Owner eg joint, family trust	Estimated Value	Associated Debt	Pre/Post CGT
Superannuation Fund (s)	Fund and Benefit Type eg employer, public officer or SMSF; accumulation, defined benefits, allocated or complying pension	Member	Current Balance	
Life Insurance - Insurer	Type of Cover eg death, TPD, trauma	Nominated Beneficiaries eg super fund, self owned	Level of Cover	
Asset that have or may be transferred	Beneficiary	Likely Amount		

16.	Do you want any debts to be forgiven? Details. (i.e. Family Trust/Company Loans)	
17.	Do you have any outstanding debts owed to you? Details.	
18.	<u>EXECUTORS/TRUSTEES</u> List full names;	
	Addresses; and	
	occupations of person or persons whom you wish to appoint	
19.	Do you wish to name alternative executors/trustees in case in the circumstance the person cannot act?	
20.	What relationship do executors bear to you?	
	Have they agreed to their nomination?	
21.	Do you wish your executor to receive any remuneration from your estate for acting in this capacity?	
22.	GUARDIANS (Only if any of your children are under the age of 18 years).	
	Have they agreed to being nominated by you?	
23.	Do you wish to provide for maintenance, education or advancement of infant children or grandchildren? Details.	

24. GIFTS

Name of Beneficiary	Value % of Estate	Owner of Asset	Who is to pay associated debt beneficiary or estate
Is any beneficiary a recipient or likely to be a recipient of Centrelink benefits			
Name		Type of Pension	

Do you wish to create any Testamentary Trusts if so for who	
Name	Trust
Are any of the beneficiaries professionals or business owners	
Names	Type of Profession/Business

25.	If your children are to receive the balance of your estate, should it be payable to them immediately upon your death or as is more common in the case of children under the age of 18 years upon their attaining a specific age such as 18 years or 21 years or 25 years?	
26.	<u>BURIAL / CREMATION</u> Do you wish to be cremated or buried; and if so where?	
27.	Do you wish your body to be available for medical transplants or research?	
28.	Are you able to sign the Will with your proper signature?	Yes/No
29.	<u>TRUSTS</u> Please provide the names of any family trusts of which you are a trustee, appointor or guardian and if so who you would like to be made appointor, guardian or trustee upon your death. Please note that any assets which are owned by a trustee of a family trust cannot be dealt with by your Will.	

ENDURING POWER OF ATTORNEY

If you wish to put in place an enduring power of attorney please provide the following information:

- (a) name of your attorney (maximum of 2):
 - (i) _____ of _____;
 - (ii) _____ of _____;
- (b) if two attorneys do you wish them to act **jointly** or **independently**;
- (c) the Act allows you to appoint substitute attorneys in the event that your initially appointed attorney is unable to act or has predeceased you. If you wish to do so please nominate one or two attorneys as successor attorneys and also nominate how you wish them to act (i.e. jointly or independently);
- (d) do you wish for your power of attorney to come into effect:
 - (i) immediately; or
 - (ii) only upon the order of the Guardianship and Administration Board that you have lost your mental capacity (this usually takes some 8 to 10 weeks).